Docket No.: 19603/3306 (CRF D-21/368)

Examiner: A. Kubelik

Art Unit: 1638

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Applicants** 

Collmer et al.

Serial No.

09/597,513

Cnfrm. No.

5828

Filed

June 20, 2000

For

HYPERSENSITIVE RESPONSE ELICITOR

FROM PSEUDOMONAS SYRINGAE AND

ITS USE

SUBMISSION OF FORMAL DRAWINGS

Commissioner for Patents Washington, D.C. 20231 **Box: Non-Fee Amendment** 

Dear Sir:

Enclosed for filing in the subject application are 3 sheets of formal drawings.

Respectfully submitted,

Registration No. 40,087

Edwin V. Merkel

Date: March 18, 2002

NIXON PEABODY LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051

Telephone: (585) 263-1128 Facsimile: (585) 263-1600 Certificate of Mailing - 37 CFR 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents, Washington, D.C. 20231,

3/18/02

Wendy L. Harrold

Examiner: A. Kubelik

Art Unit:

1638

Docket No.: 19603/3306 (CRF D-2136B)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Collmer et al.

Serial No. 09/597,513

Cnfrm. No. 5828

Filed June 20, 2000

For HYPERSENSITIVE RESPONSE ELICITOR

FROM PSEUDOMONAS SYRINGAE AND

ITS USE

Commissioner for Patents Washington, D.C. 20231 **Box: Non-Fee Amendment** 

Sir:

Transmitted herewith is an amendment (12 pages) with Appendix (3 pages) and Exhibits 1-4 in the above-identified application. Also enclosed are:

[X] Submission Of Formal Drawings (with 3 accompanying drawing sheets).

Applicants claim small entity status. (See 37 CFR 1.27.) [X]

A self-addressed, prepaid postcard for acknowledging receipt. [X]

[X]No additional fee is required.

[X]The fee has been calculated as shown below:

a) SMALL ENTITY

(Col. 1)

(Col. 2)

(Col. 3)

b) LARGE ENTITY

	(301. 1)		(001. 2)	(001. 5)	(Col. 5) b) El titol El titi I	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD'L FEE
TOTAL	10	MINUS	25	0	a) \$ 9= b) \$18	\$0
INDEP	1	MINUS	3	0	a) \$42= b) \$84	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  Strength of Time Fee ( Months)					See fee Schedule	\$
					TOTAL	00

**TOTAL** 

\$0

[]	A check for \$ is enclosed to cover the above fees.
[]	Please charge my Deposit Account No. 14-1138 in the amount of \$  A duplicate copy of this sheet is enclosed.
[X]	The Commissioner is hereby authorized to charge any additional fees or credit any overpayment to Deposit Account No. 14-1138.  A duplicate copy of this sheet is enclosed.

Date: March 18, 2002

Edwin V. Merkel Registration No. 40,087

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